SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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Mailing Address 1215 K Street Suite 800 City State Zip Code CA 95814 FEC ID number of contributing federal political committee. Name of Employer California Hospital Association Receipt For: Primary General Other (specify) ▼ Patrick Brady Mailing Address One Medical Plaza Drive Date of Receipt Transaction ID : INCA12048 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : INCA12048 Amount of Each Receipt this Period Date of Receipt Transaction ID : INCA12048 Amount of Each Receipt this Period Date of Receipt Transaction ID : INCA12048 Amount of Each Receipt this Period Date of Receipt Transaction ID : INCA12048 Amount of Each Receipt this Period Date of Receipt Transaction ID : INCA12078 Amount of Each Receipt this Period	•	Fed Spons by CA Assn of Hospital	s & Health Systems (CAHHS)		
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